

ATTACHMENT III



USCO Distribution Services, Inc.

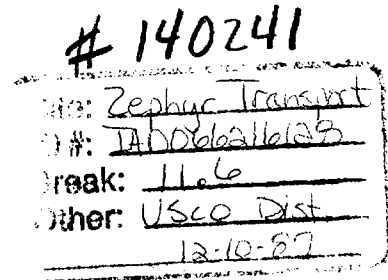
22 Spencer St. • Naugatuck, Connecticut 06770 • 203/597-5300



S00143892
SUPERFUND RECORDS

December 10, 1987

Mr. Paul E. Doherty
United States Environmental Protection
Agency, Region 7
25 Funston Road
Kansas City, Kansas 66115



Re: Inquiry of October 22, 1987

Dear Mr. Doherty:

Responding to your letter to me dated October 22, 1987, enclosed please find the following documents relating to your inquiry:

Receiving Record 22729 dated 3/2/84, Exhibit #1 received from Rexall Drug Co., St. Louis, MO, a shipment on their bill of lading 04708 consigned to SCI Equipment (one of Colbert's Companies)

Receiving Record 22740 dated 3/6/84, Exhibit #2, received from Rexall Drug Co., St. Louis, MO, a shipment on their bill of lading 04718 consigned to SCI Equipment Co.

Receiving Record 22753 dated 3/7/84, Exhibit #3, received from Rexall Drug Co., St. Louis, MO, a shipment on their bill of lading 04728 consigned to SCI Equipment Co.

Receiving Record 22754 dated 3/7/84, Exhibit #4, received from Rexall Drug Co., St. Louis, MO, a shipment on their bill of lading 04727 consigned to SCI Equipment Co.

Bill of Lading MVG010386 covering our shipment of 1/3/86 to Northwest Bottle, St. Louis, Exhibit #5.

Bill of Lading MVG010686 covering our shipment of 1/7/86 to Northwest Bottle, St. Louis, Exhibit #6.

Bill of Lading MVG101886 covering our shipment of 1/8/86 to Northwest Bottle, St. Louis, Exhibit #7

MAJOR MARKETS SERVICED

ATLANTA
BALTIMORE
BOSTON
CERRITOS, CA

CHARLOTTE
CHICAGO
CINCINNATI
DALLAS

DENVER
KANSAS CITY
LOS ANGELES
MEMPHIS

PITTSBURGH
PORT CHESTER, NY
PORT CLINTON, OH
PUERTO RICO

ST. LOUIS
SAN FRANCISCO
SANTA ANA, CA
SEATTLE



1. The first part of the document is a list of the names of the persons who have been appointed to the various positions of the Board of Directors of the company. The names are listed in alphabetical order, and each name is followed by the position to which he or she has been appointed.

Unnumbered bill of lading covering our shipment of 1/15/86 to Northwest Bottle, St. Louis, Exhibit 8.

As the documents reflect, USCO's warehouse in St. Louis did receive a number of bottles, caps and drums from the Rexall Drug Co. in March, 1984 consigned to S.C.I. Equipment. Ultimately, the Mt. Vernon Group failed to pay its storage bills, leaving USCO with approximately \$10,000 in bad debts and the stored goods. These were sold as distressed merchandise in January of 1986 to Northwest Bottle Company of St. Louis, 1816 Walton Road, St. Louis.

Please be advised that USCO is presently not holding anything belonging to the Mt. Vernon Group and USCO has never done business with the Mt. Vernon Group or any of the other entities listed in your letter, except in this transaction.

I hope that the above has been helpful to you. Please contact me if I can be of further assistance.

Very truly yours,



R. T. Jarr

RTJ/ldr

Enclosure

No. 22729

WHSE NO. 73-2

ACCT. MNEMONIC

DATE REC'D 12345

SHIPPERS REF. NO. 64748

[illegible]

CHARGES

☐ PPD
☐ COL

CARRIER 02 YALC 74E

PRO

CAR NO'S

REC'D FROM MNEMONIC

NET WEIGHT 6.200
 ACCOUNT
 C'D 11844 1116
 FROM ADDRESS
ST LOUIS MO
 CITY STATE
 NO ORDER NO. _____ RECEIPT
 SIGNED BY 10
 BILL DATE 7/1/54 WEIGHT 17.608
 W/QUANTITY CHECKED BY 10 NO. PKGS. REC'D 1954
 L NOS. _____

PIECES	DESCRIPTION	ITEM NUMBER	SKU	LOT NUMBER	LOCATION	BC	QUANTITY
7878 7879	Juni Butcher + Cargas						
36	Dumps.						
	# - 450 sq ft at .34 sq ft. 153.00						
	4 OH's at 18.00 per hour						72.00
	4 Hrs at 36.00 per hour.						144.00
							<u>216.00</u>
	Tractor was unloaded on O.T. Due to Refill not loading truck. when they said they would.						
	\$1 216.00						
	S 153.00						
	T. 369.00						

EXHIBIT #1

Agent, Per *MA [Signature]*

#1

CODE	DISC.	AMT PER CTN	NO. OF CTNS
✓ 910719	LG EMPTY PLASTIC BOTTLES	6	1693
✓ 203287	COLT CAPS	2000	28
203349	LIDS		2 at 500 1 at 210
105085 or 71802	SM EMPTY PLASTIC BOTTLES		96 at 650 1 at 300
15-025	NU-PAREIG DRUMS		32 at 320 1 at 98

LOAD # 1

TOTAL 1854 PCS

DATE RECEIVED: 3/2/44

B/L # 04708

QTY	PROD #	DESCRIPTION
1693 cs.	910719	LG. EMPTY PLASTIC BOTTLES
28 cs.	203287	COLT CARS
3 cs.	203349	LIDS
97 cs.	105085 or 71802	SM PLASTIC BOTTLES
33 cs.	15-025	NU-PAREIG DRUMS
TOTAL 1854 cs.		

mailed
3/8/44

USCO

RECEIVING RECORD

NO. 22140

EC'D
ROM

CO ORDER NO.

Y BILL DATE

EM/QUANTITY CHECKED BY

AL NOS.

ACCOUNT

ADDRESS

CITY

STATE

RECEIPT

SIGNED BY

WHSE NO.

ACCT. MNEMONIC

DATE REC'D

SHIPPERS REF. NO.

TOTAL SKU

CHARGES

CARRIER

PRO

CAR NO'S

REC'D FROM MNEMONIC

PPD
COL

PIECES

DESCRIPTION

ITEM NUMBER

SKU

LOT NUMBER

LOCATION

BC

QUANTITY

28 BROWN

714 20 MISC BOTTLES & CAPS

450 SOFT @ \$4.50/DOZ = \$153.00

7 HRS @ \$18.00/HOUR = \$126.00

\$ 126.00

\$ 153.00

\$ 279.00

NOTES

EXHIBIT #2

20

AT: St Louis Mo 3/6 From **REXALL DRUG COMPANY**
19 84 BY John Truck

B/L No.

04718

Register No.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

(Mail or street address of consignee—For purposes of notification only.) 4.

Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Bozell Drug Co.

If charges are to be pre-
paid, write or stamp here,
"To Be Prepaid".

PREPAID
Received _____
to apply in payment of
the charges on the property
described hereon.

Agent or Cashier.

- Per _____
(The signature here acknowledges only the amount prepaid.)

Charges
advanced: \$

Consigned to St. Louis per express Co.
Destination St. Louis State of MO. County of _____
Route _____


Signature of Consignor.

Car Initial

Car No. _____

No. Packages	Kind of Pkg., Descr. of Articles, Special Marks, and Exceptions	*Weight (Sub.to Cor.)	Class or Rate	No. Packages	Kind of Pkg., Descr. of Articles, Special Marks, and Exceptions	*Weight (Sub.to Cor.)	Class or Rate
305	Cases Bottles				"Collect Shipment"		
408	Cases Cases						
23	Drums Chemicals						
936							
742							
16.31	to	450 SG FT					
7	kia of	18.00					

Signature of Consignor: _____ advanced: \$ _____

IMPORTANT!
Memo bill or lading copy must be attached to your freight bill (in duplicate) and mailed to:
THE HALL DRUG COMPANY
c/o Case Bank & Trust Company
Drawer 1000, Progress Station
St. Louis, Missouri 63100

IMPORTANT!

~~Memo bill or landing copy must be attached to your freight bill (in duplicate) and mailed to:~~

~~REXALL DRUG COMPANY
c/o Cass Bank & Trust Company
Drawer 200, Progress Station
St. Louis, Missouri 63109~~

† The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Consolidated Freight Classification.

* If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight. NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

REXALL DRUG COMPANY, Shipper, Per

Agent, Per

Permanent post-office address of shipper: 3901 NORTH KINGSHIGHWAY BLVD., ST. LOUIS, MO 63115

JOB # 3352-24-03 # 22248 REVERSE TAPER CAPS RED
✓ 7

4472 F-217 GOLD # 2 1085 PER CASE
✓ 147

3892 F-217 GOLD # 2 1085 PER CASE
✓ 12

C24-415-014 BROWN CLOSURES CODE 203303 $\frac{1800}{CTN}$
✓ 33+11 = 44

203353 PP WHITE CAPS
✓ 8

203360
✓ 14

203252 9A09-020
✓ 4

24 SCREW TOP CAPS U283
✓ 5

53-400 202883 LIDS
✓ 11

20-400 FINE RIBBED 203334
✓ 6

5 GAL PAILS OF FILM COAT

19

BOXES ~~OF~~ AND 1 GAL JUGS OF OPASPRAY COLOR

111

BOXES, CANS AND BOTTLES OF OIL

13

BOXES, CANS OF ~~POWDER~~ POWDER

13

80 KG DRUMS CELLULOSE GEL

160

320# DRUMS OF NH - PAREIL

14

DRUMS OF COLOR PELLETS

115

SMALL DRUMS

18

LARGE DRUMS

14

83 H PIP CAPS WHITE PVO20

125

P70351 BROWN CAPS 2500/PER CASE CODE 203403

119

4

Benzyl Alcohol (1) -

Darlace 83 ✓

Titanium Dioxide (2) ✓
3328

5733 (1) ✓

5557 ①-

6462 (2) ✓

5/21/20 ✓

203445

$$36 + 38 = 74 \checkmark$$

203285
6

203310

17

104999 350cc

$$18 + 18 + 5 = 41 \checkmark$$

104886

17

105006 75cc

7

104662 200cc

7

104654 125cc

$$5 + 3 = 8 \checkmark$$

104872

12

203335 9M11-020
S /

203135 BLUE
7 /

203251
2 /

203006
~~20~~ 32 /

203029
3 + 28 = 31 /

~~2003~~ 20-415 FINE RIBBED YELLOW
1 /

203445
1 /

203409
9 /

203477
22 /



103010

100cc

4 ✓

203461

23 ✓

104973

48 + 4 = 52 ✓

104922

10 + ~~10~~ 11 = 21 ~

203267

15 ✓

202984

4 ✓

203369

12 ✓

104904

5 + 12 + 16 + 16 + 7

page 1

DATE RECEIVED: 7/6/84

B/L # 04718

QTY	PROD #	DESCRIPTION
7 CS	#22248	REVERSE TAPER CAPS - RED
47 CS	#4472	F217 GOLD #2
12 CS	#3892	F217 GOLD #2
44 CS	C24-415-014	BROWN CLOSURES CODE #203303
8 CS	203353	PP WHITE CAPS
14 CS	203360	
4 CS	203252	9A09-020
5 CS	24	SCREW TOP CAPS U283
11 CS	202883	LIDS 53-400
6 CS	203334	FINE RIBBED 20-400
9 CS		5 GAL BAILS OF FILM COAT
11 BX		ORASPRAY CLEAR
1 GAL		ORASPRAY CLEAR
3 BX		CANS & BOTTLES OF OIL
3 BX		CANS OF POWDER
6 DRUM		CELLULOSE GEL 80KG DRUMS
4 DRUM		NH-PAKEL 320# DRUMS
6 DRUM		COLOR PELLETS
25	PV020	P/P CAPS WHITE 83H

page 2

DATE RECEIVED:

3/6/84

B/L # 04718

mailed 3/5/84

QTY	PROD #	DESCRIPTION
19 CS	203403	BROWN CAPS P70351
8 DRUM		SMALL DRUMS
4 DRUM		LARGE DRUMS
74 CS	203445	
6 CS	203285	
17 CS	203310	
41 CS	104999	350 CC
17 CS	104886	
7 CS	105006	75 CC
7 CS	104662	200 CC
8 CS	104654	125 CC
12 CS	104872	
5 CS	203335	9M11-020
7 CS	203135	BLUE
2 CS	200251	
32 CS	203006	
31 CS	203029	
1 CS	20-415	FINE RIBBED YELLOW
1 CS	203445	

DATE RECEIVED:

B/L # 04718

QTY	PROD #	DESCRIPTION					
9 CS	203409						
22 CS	203477						
4 CS	103010	100 CC					
23 CS	203461						
52 CS	104973						
21 CS	104922						
15 CS	203267						
4 CS	202984						
12 CS	203369						
56 CS	104904						
2 DRMS	5557						
1 DRM		BENZYL ALCOHOL					
1 DRM	93	ABACEL					
2 DRM	3328	TITANIUM DIOXIDE					
1 DRM	5733						
1 DRM	5557						
2 DRM	6462						
2 DRM	5181						
TOTAL	742 CS						



RECEIVING RECORD

NO. 22, 1966

EC'D MT VERMONT GROUP
FROM RETAIL
ST LOUIS MO
CITY STATE
SCO ORDER NO. RECEIPT SIGNED BY CK
AY BILL DATE 3/1/64 WEIGHT
ITEM/QUANTITY CHECKED BY 11 NO. PKGS. REC'D 325
EAL NOS.

WHSE NO. 7360 ACCT. MNEMONIC
DATE REC'D 30744 SHIPPERS REF. NO.
TOTAL SKU CHARGES ☐ PPD ☐ COL
CARRIER DAY 1111 1111 PRO 11735
CAR NO'S
REC'D FROM MNEMONIC

PIECES	DESCRIPTION	ITEM NUMBER	SKU	LOT NUMBER	LOCATION	BC	QUANTITY
	13.50	104656					
291	PARALLNE	#910783					
3/4	13.50	15.50					
46	34.14	15.64					
61	13.50						
5	15.64						
3	29.14						

NOTES

EXHIBIT #3

RECEIVED, subject to the classifications and tariffs in effect on the date of the receipt by the carrier of the property described in the Original Bill of Lading.

AT: 521-444-4403 From REXALL DRUG COMPANY 1984 BY: [Signature]

B/L No.

04728

Register No.

If charges are to be pre-
paid, write or stamp here
"To be paid by _____"

Received \$ 100 +
to apply in prepayment of
the charges on the property
described hereon.

Agent or Cashier.

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges advanced: \$

(Mail or street address of consignee—For purposes of notification only.)

Consigned to

Destination

State of

County of _____

Route

Car Initial

Car No. _____

Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Rexall Drug Co.

(Signature of Consignor.)

[illegible]

1 The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Consolidated Freight Classification.

* If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether the carrier is a shipper's weight. NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

DE

REXALL DRUG COMPANY, Shipper, Per

Agent, Per

Permanent post-office address of shipper: 3901 NORTH KINGSHIGHWAY BLVD., ST. LOUIS, MO 63115

12 OZ. STK. TAP, OVAL - 104656 - 34 cs,

DANALENE WHITE PETROLIUM JELLY - 910783

291 cs.

3/7/84

B/L # 04728

[illegible]

MT VERNON, CROOK
ACCOUNT

ACCOUNT

ALL ONE
ADDRESS

ADDRESS

CITY St Louis STATE MO

CITY

SAFE

RECEIPT

SIGNED BY

10

SCO ORDER NO.

AY BILL DATE.

7/7/84

WEIGHT.

ITEM/QUANTITY CHECKED BY_

NO. PKGS. REC'D

2176

REAL NOS.

WHSE NO. 7306

ACCT. MNEMONIC

DATE REC'D 030387

SHIPPER'S REF. NO.

TOTAL SKU

CHARGES

☐ PPD
☐ COL

CARRIER Box 777

PRO 2227

CAR NO'S

REC'D FROM MNEMONIC

[illegible]

NOTES

EXHIBIT # 4

力

45-

AT: St Louis MO 3/7/19 84 BY Own Truck

B/L No.

04727

Register No.

(Mail or street address of consignee—For purposes of notification only.)

Consigned to

Destination St. Louis State of MO. County of _____

Route

Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

If charges are to be pre-paid, write or stamp here:
"To be paid by _____"

Received \$
to apply in prepayment of
the charges on the property
described hereon.

Baxall Drug Co.

Agent or Cashier

(The signature here acknowledges only the amount prepaid.)

Charged
advanced: \$

[illegible]

IMPORTANT!

Memo bill of lading copy must
be attached to your freight bill
(in duplicate) and mailed to:

~~REYNOLDS & COMPANY
c/o Cashier's Trust Company
Drawing Room, Greenock Station
St. Louis, Missouri 63103~~

† The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Consolidated Freight Classification.

If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight. NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

REXALL DRUG COMPANY, Shipper, Per

2265 Ctno

Agent, Per

Permanent post-office address of shipper: 3901 NORTH KINGSHIGHWAY BLVD., ST. LOUIS, MO 63115

3/7/84

LO/PE

Qty

Natural 105028 R3602

$$10.4.4 = 28 \checkmark$$

103405

$$30,37 = 67 \checkmark$$

910772

$$120,120,109,120 = 469 \checkmark$$

910738

$$80,80,119,80,80,80,120 = 1639 \checkmark$$

519100

or

801F2

$$30,30 = 60 \checkmark$$

831410-013

Theobroma oil)

$$20 \checkmark$$

31095r

or

010824

$$7,35 = 42 \checkmark$$

910663

$$126,117,99,117,133,126,80 = 798 \checkmark$$

04825

$$37 \checkmark$$

79625

$$16 \checkmark$$

R. T. R

2176

3/7/84

B/L # 04727

	QTY	PROD #	DESCRIPTION				
	28 cs	105028	NATURAL	R3602			
	67 cs	103405					
	469 cs	910772					
	639 cs	910738					
	60 cs	019100	1801F-2				
	20 cs	1831410-013	THEOBROMA OIL				
	42 cs	1010824	S1095R				
	798 cs	910663					
	37 cs	104825					
	<u>16 cs</u>	<u>179625</u>					
TOTAL	2176						

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading.

**SHOW THIS
NUMBER ON
FREIGHT BILL**

SCAC

AT: St. Louis MO

FROM
USCO Services, Inc.

Mount Vernon Group
c/o USCO

SPLC

DATE 1/3/86

Carrier
No.

PERMANENT POST OFFICE ADDRESS

Consigned to NORTHWEST BOTTLE

(Mail or street address of consignee—For purposes of notification only.)

Destination _____ State _____ ZIP _____ Delivery Address ★

(* To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Route

Delivering Carrier _____ Car or Vehicle Initials _____ No. _____

FOR HELP IN CHEMICAL EMERGENCIES INVOLVING SPILL, LEAK, FIRE OR EXPOSURE CALL 800-424-9300 TOLL FREE ANYTIME

NUMBER OF PIECES	H M	KIND OF PACKAGES, DESCRIPTION OF MATERIALS SPECIAL MARKS AND EXCEPTIONS	WEIGHT SUB. TO CORR.	CLASS OR RATE	TRANSPORTATION COMMODITY CODE
1 trailer		Misc. Bottles			
		FOUR (4)	PLACARDS PROVIDED		

FOR WATER SHIPMENT ONLY: WEIGHT IS ☐ SHIPPERS ☐ CARRIERS

*Shipper's imprint in lieu of stamp, not a part of bill of lading approved by the Interstate Commerce Commission. The Fibre Boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Consolidated Freight Classification.

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation, according to the applicable regulations of the Department of Transportation. This shipment is correctly described and weighed subject to verification by Origin Inspection Bureau according to agreement.

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The released value of the property is hereby stated by the shipper to be not exceeding 110 cents per pound for each distribution package or any higher value permitted by RAO MC-972 or 50 cents per pound per article, whichever value results in the lowest transportation charges on the date of the shipment.

FAK if lower charge results
back haul shipment

Our Order Number

USCO SERVICES, INC. Shipper, Per

Customer Order No.

Agent

CARRIER: P
and remit to

Agent

Collect On Delivery

Is

Subject to Section 7 of Conditions of Applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Per USCO SERVICES, INC.

SHIPMENT TO BE:
CHECK ONE☐ COLLECT ☐ PREPAID

C.O.D.	Shipper	<input type="checkbox"/>
CHARGES	Consignee	<input type="checkbox"/>
PAID BY		

Received \$_____

to apply in the prepayment of the charges
on the property described hereon:

Agent or Cashier

Per _____
[The signature here acknowledges
only the amount prepaid.]

S

Charges advanced

FOR-77098
REV 12'84

USCO
COPY

EXHIBIT #5

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading.

**SHOW THIS
NUMBER ON
FREIGHT BILL**

SCAC

AT: ST Louis, MO

FROM
USCO Services, Inc.

Mt Vernon Group
C/O USCO

SPLC

DATE _____

Carrier
No.

PERMANENT POST OFFICE ADDRESS

NORTHWEST BOTTLE

Consigned to _____ (Mail or street address of consignee—For purposes of notification only.)

Destination _____ State _____ ZIP _____ Address ★ _____
 (*To be filled in only when shipper desires and governing tariffs provide for delivery thereof.)

Route _____

Delivering Carrier _____ Car or Vehicle Initials _____ No. _____

FOR HELP IN CHEMICAL EMERGENCIES INVOLVING SPILL, LEAK, FIRE OR EXPOSURE CALL 800-424-9300 TOLL FREE ANYTIME

[illegible]

FOR WATER SHIPMENT ONLY. WEIGHT IS ☐ SHIPPERS ☐ CARRIERS

* Shipper's imprint in lieu of stamp, not a part of bill of lading approved by the Interstate Commerce Commission. The Fiber Boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Consolidated Freight Classification.

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation, according to the applicable regulations of the Department of Transportation. This shipment is correctly described and weighed subject to verification by Origin Inspection Bureau according to agreement.

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The released value of the property is hereby stated by the shipper to be not exceeding 110 cents per pound for each distribution package or any higher value permitted by RRO MC-972 of 50 cents per pound per article, whichever value results in the lowest transportation charges on the date of the shipment.

FAK if lower charge results
back haul shipment

Customer Order No.

Our Order Number

USCO SERVICES, INC. Shipper, Per

Agent

CARRIER: Per

Agent

☒ Collect On Delivery

and remit to

\$

Subject to Section 7 of Conditions of Applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Per USCO SERVICES, INC.

Received \$_____

to apply in the prepayment of the charges

on the property described hereon:

Agent or Cashier

Per _____
(The signature here acknowledges
only the amount prepaid.)

§

Chapman, J. W. 1997. *Advanced*

SHIPMENT TO BE.
CHECK ONE

☐ COLLECT ☐ PREPAID

C.O.D.	Shipper	<input type="checkbox"/>
CHARGES	Consignee	<input type="checkbox"/>
PAID BY		

FOR-77098
REV 12-84

USCO
COPY

EXHIBIT #6

¹
CARRIER Will Call

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading.

**SHOW THIS
NUMBER ON
FREIGHT BILL**

SCAC

AT: St Louis MO

FROM Mount Vernon Group
USCO Services, Inc. C/O USCO

DATE 1-8-86

SPLC

Carrier
No.

PERMANENT POST OFFICE ADDRESS

NORTHWEST BOTTLE

Consigned to _____ (Mail or street address of consignee—For purposes of notification only.)

Destination _____ State _____ ZIP _____ Delivery Address ★ _____
(*To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Route _____

Delivering Carrier _____ Car or Vehicle Initials _____ No. _____

FOR HELP IN CHEMICAL EMERGENCIES INVOLVING SPILL, LEAK, FIRE OR EXPOSURE CALL 800-424-9300 TOLL FREE ANYTIME

[illegible]

FOR WATER SHIPMENT ONLY: WEIGHT IS ☐ SHIPPERS ☐ CARRIERS

* Shipper's imprint in lieu of stamp, not a part of bill of lading approved by the Interstate Commerce Commission. The Fibre Boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Consolidated Freight Classification.

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation, according to the applicable regulations of the Department of Transportation. This shipment is correctly described and weighed subject to verification by Origin Inspection Bureau according to agreement.

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The released value of the property is hereby stated by the shipper to be not exceeding 110 cents per pound for each distribution package or any higher value permitted by FIMC 972 or 50 cents per pound per article, whichever value results in the lowest transportation charges on the date of the shipment.

FAK if lower charge results
back haul shipment

Customer Order No.

Our Order Number

USCO SERVICES, INC. Shipper. Per

CARRIER: Per

Agent

Agent

☐ Collect On Delivery

and remit to

\$

Subject to Section 7 of Conditions of Applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

PER USCO SERVICES, INC.

SHIPMENT TO BE:
CHECK ONE

☐ COLLECT ☐ PREPAID

C.O.D.	Shipper	<input type="checkbox"/>
CHARGES	Consignee	<input type="checkbox"/>
PAID BY		

Received \$ _____
to apply in the prepayment of the charges
on the property described hereon:

Agent or Cashier

Per _____
(The signature here acknowledges
only the amount prepaid.)

\$ Charges advanced

FOR 77098
REV 12'84

USCO
COPY

EXHIBIT # 7

CARRIER

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading.

SHOW THIS
NUMBER ON
FREIGHT BILL

NO.

SCAC

AT:

FROM

USCO Services, Inc.

USCO.

SPLC

DATE

1-15-86

PERMANENT POST OFFICE ADDRESS

Carrier
No.

Consigned to

Northwestern Bottle

1816 Walnut R.R.

(Mail or street address of consignee—For purposes of notification only.)

Destination

St. Louis

State MO

ZIP

Delivery
Address *

(* To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Route

Delivering Carrier

Car or Vehicle Initials

No.

FOR HELP IN CHEMICAL EMERGENCIES INVOLVING SPILL, LEAK, FIRE OR EXPOSURE CALL 800-424-9300 TOLL FREE ANYTIME

NUMBER OF PIECES	H M	KIND OF PACKAGES, DESCRIPTION OF MATERIALS SPECIAL MARKS AND EXCEPTIONS	WEIGHT SUB TO CORR	CLASS OR RATE	TRANSPORTATION COMMODITY CODE
1		Trailer load of Misc.			
		Glass and Plastic Bottles			
		No Charge for Material on Trailer.			
		Ray Rogers			
		D.C. Manager			
		USCO			
		B&H Exp. 1-15-86			
		FOUR (4)			

PLACARDS PROVIDED

FOR WATER SHIPMENT ONLY: WEIGHT IS ☐ SHIPPERS ☐ CARRIERS

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This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation, according to the applicable regulations of the Department of Transportation. This shipment is correctly described and weighed subject to verification by Origin Inspection Bureau according to agreement.

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The released value of the property is hereby stated by the shipper to be not exceeding 110 cents per pound for each distribution package or any higher value permitted by RRO MC-972 or 50 cents per pound per article, whichever value results in the lowest transportation charges on the date of the shipment.

FAK if lower charge results
back haul shipment

Customer Order No.

Our Order Number

Agent

USCO SERVICES, INC. Shipper, Per

CARRIER: Per

Agent

Collect On Delivery

and remit to

\$

Subject to Section 7 of Conditions of Applicable bill of lading, if the shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Per USCO SERVICES, INC.

SHIPMENT TO BE:
CHECK ONE☐ COLLECT ☐ PREPAIDC.O.D. Shipper ☐
CHARGES Consignee ☐
PAID BYReceived \$
to apply in the prepayment of the charges
on the property described hereon:

Agent or Cashier

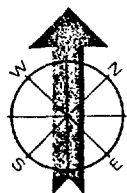
Per
(The signature here acknowledges
only the amount prepaid.)

\$

Charges advanced

109-77098
REV 12-84USCO
COPY

EXHIBIT #8



Northwestern Bottle Company

1816 WALTON ROAD • ST. LOUIS, MISSOURI 63114 • (314) 426-7000

January 5, 1988

Mr. Ray Crassland
U.S. Environmental Protection Agency
25 Funston Rd.
Kansas City, KS 66119

Dear Mr. Crassland;

Some time during the 1st quarter of 1986, we were given 2 or 3 truckloads of obsolete merchandise that was once owned by Rexall Drug. Most of this merchandise was empty bottles and bottle closures. There was, however, 2 small drums of a sugar coating that was used to coat vitamins. These sealed drums were picked up with our regular trash.

I have not been able to locate the bill of lading for this shipment. If it is located, we will send you a copy.

Regards,

David Reed

NORTHWESTERN BOTTLE COMPANY

SERVING YOUR BOTTLE NEEDS

KAREN R. SCHMITT
OFFICE MANAGER

314-426-7000
1816 WALTON ROAD • ST. LOUIS, MO 63114

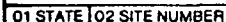
BRANCH LOCATIONS:

CHICAGO • HAMPTON • INDIANAPOLIS • LENEXA • MEMPHIS • NASHVILLE • PUERTO RICO • SYRACUSE



ATTACHMENT IV

POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT		I. IDENTIFICATION 01 STATE 02 SITE NUMBER	
II. SITE NAME AND LOCATION			
01 SITE NAME (Legal, common, or descriptive name of site) <u>USCO Distribution, Inc.</u>		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER <u>4327 Gustine</u>	
03 CITY <u>St. Louis</u>	04 STATE <u>MO</u>	05 ZIP CODE <u>63116</u>	06 COUNTY <u>St. Louis</u>
09 COORDINATES LATITUDE <u>38 40 00.0</u>		LONGITUDE <u>091 00 00.0</u>	
10 DIRECTIONS TO SITE (Starting from nearest public road)			
III. RESPONSIBLE PARTIES			
01 OWNER (If known)		02 STREET (Business, mailing, residential)	
03 CITY		04 STATE	05 ZIP CODE
07 OPERATOR (If known and different from owner) <u>Ray T. Jarr</u>		08 STREET (Business, mailing, residential) <u>4327 Gustine</u>	
09 CITY <u>St. Louis</u>	10 STATE <u>MO</u>	11 ZIP CODE <u>63116</u>	12 TELEPHONE NUMBER <u>(203) 597-5316</u>
13 TYPE OF OWNERSHIP (Check one): <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: <u>Subsidiary of Uniroyal Co.</u> (Specify) <input type="checkbox"/> G. UNKNOWN			
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: ____/____/____ MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: ____/____/____ MONTH DAY YEAR <input checked="" type="checkbox"/> C. NONE			
IV. CHARACTERIZATION OF POTENTIAL HAZARD			
01 ON SITE INSPECTION <input type="checkbox"/> YES DATE ____/____/____ MONTH DAY YEAR <input checked="" type="checkbox"/> NO		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____	
02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION BEGINNING YEAR _____ ENDING YEAR _____ <input checked="" type="checkbox"/> UNKNOWN	
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED <u>An active Public warehouse and terminal for labeled hazardous products as well as, storage for non-hazardous products.</u>			
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION <u>The storage of labeled hazardous products, on occasion terminal operations - short-term storage then shipped out.</u>			
V. PRIORITY ASSESSMENT			
01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input checked="" type="checkbox"/> D. NONE (No further action needed, complete current disposition form)			
VI. INFORMATION AVAILABLE FROM			
01 CONTACT <u>Roy Crossland</u>		02 OF (Agency/Organization) <u>U.S. EPA Region VII</u>	
04 PERSON RESPONSIBLE FOR ASSESSMENT		05 AGENCY	06 ORGANIZATION
07 TELEPHONE NUMBER <u>(913) 236-3888</u>		08 DATE ____/____/____ MONTH DAY YEAR	

[illegible]

VI. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

N/A

01 ☐ B. SURFACE WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

"

01 ☐ C. CONTAMINATION OF AIR

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

"

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

"

01 ☐ E. DIRECT CONTACT

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

"

01 ☐ F. CONTAMINATION OF SOIL

03 AREA POTENTIALLY AFFECTED: _____

(Acres)

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

"

01 ☐ G. DRINKING WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

"

01 ☐ H. WORKER EXPOSURE/INJURY

03 WORKERS POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

"

01 ☐ I. POPULATION EXPOSURE/INJURY

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

"



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION
01 STATE 02 SITE NUMBER

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

N/A

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (Include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

11

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

11

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills/runoff/standing liquids/leaking drums)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

11

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

11

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

11

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

11

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

11

III. TOTAL POPULATION POTENTIALLY AFFECTED: _____

IV. COMMENTS

V. SOURCES OF INFORMATION (Cite specific references, e. g., state files, sample analysis, reports)

From a Region II memo, asking that Region VII
investigate to see if there were any hazardous wastes
being stored or previously stored at this site.

PHONE CALLS CORRESPONDENCE ETC

